

APPLICATION FOR TEMPORARY FOOD PERMIT

Permit No: _____

Please Indicate Below the Type of Temporary Permit You Are Requesting

1 - 6 Consecutive Days ☐

7 - 14 Consecutive Days ☐

Multiple Events In Utah County ☐

Sampling Only* ☐

Business Name _____ Owner Name _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Booth Name (If different Than Business Name) _____ No. Of Booths _____
(Separate permit required for each booth)

Person In Charge Of Food Safety _____ Phone # For Person In Charge _____

NAME OF EVENT ►	(For Multiple Event Permit, list first event you will be attending.)						
LOCATION ►	Address:			City:			
EVENT COORDINATOR REQUIRED ►	Name:			Daytime Phone Number:			
DATES ► and TIMES ► Hours Food Will Be Served/Sold	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____
	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____	Time ____ To ____

- How will the food booth be covered? (e.g. portable awning) _____
- What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) _____
- How will utensils be supplied to customers? (e.g. individual packets) _____
- How will dishes/utensils be washed, rinsed, & sanitized? (e.g. portable sink, wash tubs) _____
- How will workers wash their hands? _____

AT LEAST ONE WORKER WITH A FOOD HANDLER CARD MUST BE PRESENT AT ALL TIMES

Menu Item	Source of Food	Preparation (Where & How)	Cooking Method	Cold Holding 41° F	Hot Holding 135° F	Food Handling
(e.g.) BBQ Beef	Store-Canned	Onsite	Pan on Grill	NA	Steam Table	Tongs

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth and is non-transferable.
2. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
3. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, or revocation of said permit.

Applicant Name (Please Print) _____ Signature of Applicant _____ Date _____

Reviewed by _____ Date of Review _____ Permit Number _____

PERMIT FEE IS DETERMINED BY TYPES OF FOOD SERVED AND LENGTH OF EVENT

***Vendors requesting a *SAMPLING ONLY* permit must be permitted with the Dept of Agriculture or have Exempt Farm Status**

- Low Risk:** Foods that are not potentially hazardous (e.g. cotton candy, snow cones, popcorn, commercially frozen ice cream, nuts, breads, most baked goods)
- Medium Risk:** Potentially hazardous foods (e.g. hamburgers, hot dogs, cooked rice, tacos, pizza, corn on the cob, ice cream frozen by vendor, cut melons)
- High Risk:** Potentially hazardous foods that are cooked and cooled, or are cooked, cooled and reheated (e.g. potato salad, tamales, lasagna, fried rice)

Circle Fee Amount	Low Risk	Medium Risk	High Risk
1 - 6 Day Event	\$ 50	\$ 75	\$100
7 - 14 Day Event	\$ 75	\$150	\$200
Multiple Events (Calendar Year)	\$100/yr	\$200/yr	\$400/yr
Sampling (Low Risk Only) (Dept of Agriculture or Exempt Farm)	\$ 25/yr	NA	NA
Farmers Market	Fees not included on this fee schedule. Complete an Extended Days Application.		

Permit Fee		\$ _____
Late Fee (less than 2 days)	\$ 25 Additional	_____
Application Submitted Via Fax or Mail (<i>Out-of-County Vendors Only!</i>)	\$ 10 Additional	_____
Open Without a Permit	\$100 Additional	_____
Total Amount Due		\$ _____
Payment Date: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>
Received By: _____		Credit/Debit <input type="checkbox"/>

